County: Waukesha MENOMONEE FALLS HEALTH CARE CENTER N84 W17049 MENOMONEE AVENUE MENOMONEE FALLS 53051 Phone: (262) 255-1180
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 106
Total Licensed Bed Capacity (12/31/00): 106
Number of Residents on 12/31/00: 92 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 90 92

Services Provided to Non-Residents	**************************************	**************************************	********				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year 1 - 4 Years	47. 8 29. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	1. 1	More Than 4 Years	22. 8
Day Servi ces	No	Mental Illness (Org./Psy)	26. 1	65 - 74	9. 8		
Respite Care	No	Mental Illness (Other)	9.8	75 - 84	32.6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	47.8	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	8. 7	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 1			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	1. 1		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	22. 8	65 & 0ver	98. 9		
Transportation	No	Cerebrovascul ar	14. 1			RNs	10. 4
Referral Service	No	<u>Di abetes</u>	6. 5	Sex	%	LPNs	7. 1
Other Services	No	Respi ratory	5.4			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	13. 0	Male_	20. 7	Aides & Orderlies	34. 6
Mentally Ill	No			Female	79. 3		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No			1	100. 0		
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## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Private Pay			Manage	ed Care		Percent
			Per Die	m		Per Die	m		Per Dien	n		Per Diem	1	Ü	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 4	\$121. 50	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 1%
Skilled Care	7	100. 0	\$271.03	47	64. 4	\$103.66	Ĭ	100. 0	\$176.89	8		\$165.50	3		\$299. 50	66	71. 7%
Intermedi ate				25	34. 2	\$85. 81	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	25	27. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	<b>\$0.00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	<b>\$0.00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depender	nt O	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	7	100.0		73	100. 0		1	100. 0		8	100.0		3	100.0		92	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 9. 2 Daily Living (ADL) Independent One Or Two Staff Resi dents Dependent Private Home/With Home Health 1. 2 Baťhi ng 0.0 97.8 2. 2 92 Other Nursing Homes 8.0 Dressing 7. 6 89. 1 3. 3 92 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 79.8 Transferring 27.2 70.7 92 2. 2 79.3 92 0.0 Toilet Use 17. 4 3.3 92 0.0 Eating 72. 8 **25.0** 2. 2 Other Locations \*\*\*\*\*\* 1.8 Total Number of Admissions 163 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 7.6 12.0 Private Home/No Home Health 26. 2 Occ/Freq. Incontinent of Bladder 46. 7 0.0 Private Home/With Home Health 11.6 Occ/Freq. Incontinent of Bowel **25.** 0 0.0 Other Nursing Homes 7. 9 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 20.7 Mobility 0.0 Physically Restrained 7.6 4.3 23.9 0.0 Other Locations 3. 7 Skin Care Other Resident Characteristics 25. 6 9.8 Deaths With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs (Including Deaths) 164

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		0wn	ershi p:	Bed Size:		Li ce	ensure:		
	Thi s	Pro	pri etary	100-	- 199	Ski l	led	Al l	
	Facility		Group		_	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84. 9	74. 6	1. 14	83. 3	1. 02	81. 9	1. 04	84. 5	1.00
Current Residents from In-County	44. 6	84. 4	0. 53	<b>85.</b> 0	0. 52	85. 6	0. 52	77. 5	0. 58
Admissions from In-County, Still Residing	8. 0	20. 4	0. 39	19. 2	0.41	23. 4	0. 34	21. 5	0. 37
Admi ssi ons/Average Daily Census	181. 1	164. 5	1. 10	196. 7	0. 92	138. 2	1. 31	124. 3	1.46
Discharges/Average Daily Census	182. 2	165. 9	1. 10	194. 3	0. 94	139. 8	1. 30	126. 1	1.45
Discharges To Private Residence/Average Daily Census	68. 9	62. 0	1. 11	76. 2	0. 90	48. 1	1. 43	49. 9	1. 38
Residents Receiving Skilled Care	72.8	89. 8	0. 81	91. 2	0.80	89. 7	0. 81	83. 3	0.87
Residents Aged 65 and Older	98. 9	87. 9	1. 13	93. 9	1.05	92. 1	1. 07	87. 7	1. 13
Title 19 (Medicaid) Funded Residents	79. 3	71. 9	1. 10	60. 4	1. 31	65. 5	1. 21	69. 0	1. 15
Private Pay Funded Residents	8. 7	15. 0	0. 58	26. 5	0. 33	24. 5	0. 36	22. 6	0. 38
Developmentally Disabled Residents	0. 0	1. 3	0.00	0. 6	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	35. 9	31. 7	1. 13	26. 6	1. 35	31. 5	1. 14	33. 3	1.08
General Medical Service Residents	13. 0	19. 7	0. 66	22. 9	0. 57	21. 6	0. 60	18. 4	0.71
Impaired ADL (Mean)	39. 1	50. 9	0.77	48. 7	0. 80	50. 5	0. 78	49. 4	0. 79
Psychological Problems	52. 2	<b>52.</b> 0	1. 00	50. 4	1. 03	49. 2	1. 06	50. 1	1.04
Nursing Care Required (Mean)	5. 7	7. 5	0. 76	7. 3	0. 78	7. 0	0. 81	7. 2	0.80